



TRAINING COURSE PROVIDER RE-ACCREDITATION APPLICATION

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

LEAD POISONING PREVENTION PROGRAM

1000 SW JACKSON, SUITE 330 TOPEKA, KS 66612

1-866-UNLEADED www.unleadedks.com

GENERAL INFORMATION

A training provider seeking re-accreditation shall submit an application to KDHE at least 60 calendar days before its accreditation expires. Failure of the training provider to submit an application at least 60 days prior to the expiration date of their accreditation may result in the accreditation not being renewed before it expires. If a training provider allows the accreditation to expire before renewal, the training provider must reapply to KDHE.

A **complete application** includes:

1. A completed *Training Course Provider Re-Accreditation Application* form
2. A list of courses for re-accreditation
3. A description of any changes to the training facility, equipment or course materials since its last application, and
4. A check or money order for the amount of \$1000.00 made payable to the KDHE/LEAD for the nonrefundable fees specified in K.A.R. 28-72-3, as applicable.

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF ACCREDITATION

- **Please type or print legibly.**
- **Mail completed application to:**
Kansas Department of Health & Environment,
Attn: Lead Poisoning Prevention Program, Curtis Building,
1000 SW Jackson, Suite 330, Topeka, KS 66612-1274.

KDHE USE ONLY

Application	_____
List of Courses	_____
Changes	_____
Payment	_____
Check #:	_____
Approved:	_____ Denied: _____
Date:	_____

NAME OF TRAINING PROVIDER

MAILING ADDRESS (STREET)

CITY

STATE

ZIP

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

(_____)_____-_____

(_____)_____-_____

NAME OF TRAINING MANAGER

DATE OF BIRTH

NAME OF PRINCIPAL INSTRUCTOR

DATE OF BIRTH

PART B. LIST ALL TRAINING SITE ADDRESSES

PART C. RE-ACCREDITATION FEES**CHECK ALL TRAINING COURSES THAT APPLY:**☐ **RE-ACCREDITATION FEE REQUIRED FOR ALL APPLICANTS: \$1000.00**

<input type="checkbox"/>	INITIAL LEAD INSPECTOR	\$1000.00
<input type="checkbox"/>	INITIAL RISK ASSESSOR	\$1000.00
<input type="checkbox"/>	INITIAL ABATEMENT SUPERVISOR	\$1000.00
<input type="checkbox"/>	INITIAL ABATEMENT WORKER	\$1000.00
<input type="checkbox"/>	INITIAL PROJECT DESIGNER	\$1000.00
<input type="checkbox"/>	INITIAL WORKER - SPANISH	\$1000.00
<input type="checkbox"/>	INITIAL SUPERVISOR – SPANISH	\$1000.00
<input type="checkbox"/>	REFRESHER LEAD INSPECTOR	\$500.00
<input type="checkbox"/>	REFRESHER RISK ASSESSOR	\$500.00
<input type="checkbox"/>	REFRESHER ABATEMENT SUPERVISOR	\$500.00
<input type="checkbox"/>	REFRESHER ABATEMENT WORKER	\$500.00
<input type="checkbox"/>	REFRESHER PROJECT DESIGNER	\$500.00
<input type="checkbox"/>	REFRESHER WORKER - SPANISH	\$500.00
<input type="checkbox"/>	REFRESHER SUPERVISOR - SPANISH	\$500.00

PART D. DESCRIPTION OF CHANGES

Please indicate below a description of any changes to the training facility, equipment or course materials since your last application. Please use additional paper if needed.

THIS APPLICATION WILL NOT BE ACCEPTED IF SIGNATURE IS OMITTED.

I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further certify that I will comply with Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations, and with any regulations promulgated pursuant to Sections 28-72-1 through 28-72-22 of the Kansas Administrative Regulations. I also attest and affirm that I will conduct lead training only in those occupations in which I have received accreditation.

SIGNATURE (TRAINING MANAGER)

DATE